



West Virginia Network of Ethics Committees

2017 Institutional Membership Form

Institution: _____

Contact Person: _____

Address: _____

City, State, Zip: _____

Phone: _____

FAX: _____

E-Mail: _____

Ethics Committee Chair: _____

Address: _____

City, State, Zip: _____

Phone: _____

FAX: _____

E-Mail: _____

\$150 (institutions with annual gross revenues of less than \$500,000 per year)

\$250 (institutions with annual gross revenues of \$600,000 to \$5,000,000 per year)

\$350 (institutions with greater than \$5,000,000 annual gross revenues)

Return this form with your check by **March 1, 2017** payable to:

West Virginia Network of Ethics Committees

1195 Health Sciences North

P.O. Box 9022

Morgantown, WV 26506-9022

Attach a mailing list, including e-mail addresses, of the members of your ethics committee or other interested staff members, who should receive conference brochures, newsletters, and e-mail announcements. To be more cost effective and environmentally friendly, we will be sending all communication via e-mail.